19-23113-rdd Doc 35 Filed 03/04/20 Entered 03/04/20 16:51:08 Main Document  $^{\mbox{\scriptsize AMENDED}}$  Pg 1 of 5

Fill in this information to identify	your case:					
Barry Lipstein						
Debtor 1 First Name Meryl Y. Lipsteir		Last Name		_		
Debtor 2 First Name		Last Name		_		
United States Bankruptcy Court for the:	Southern District of New Yo	ork				
Case number19-23113		,		Check if th	nis is:	
(If known)	_			<b>☑</b> An ame	ended filing	
				A supp	lement showing post	
Official Form 106I				MM / DI	D / YYYY	
Schedule I: You	ır Income					12/15
supplying correct information. If you are separated and your spouseparate sheet to this form. On the  Part 1: Describe Employm	ise is not filing with you, d top of any additional page	o not include info	ormat	tion about your spou	ise. If more space is n	eeded, attach a
1. Fill in your employment information.		Debtor 1			Debtor 2 or non-fil	ing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employe	ed		☐ Employed  ✓ Not employed	
Include part-time, seasonal, or self-employed work.		Design & Sa	ales			
Occupation may include student or homemaker, if it applies.	Occupation	Enchante Accessories, Inc.				
or nomandi, in applice.	Employer's name					
	Employer's address					
		Number Street			Number Street	
		1				
	How long employed ther	City e? Since July 2	Stat 2019		City	State ZIP Code
	ieng omployou tiloi	- · On loo duly 2		·		
Part 2: Give Details About	Monthly Income					
Estimate monthly income as of spouse unless you are separated	•	. If you have nothi	ng to	report for any line, wr	ite \$0 in the space. Inclu	ide your non-filing
If you or your non-filing spouse had below. If you need more space, a			rmatio	on for all employers fo	or that person on the line	es
				For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sal- deductions). If not paid monthly,			2.	\$_10,416.81	\$	
3. Estimate and list monthly over	rtime pay.		3.	+\$0.00	+ \$	

Official Form 106l Schedule I: Your Income page 1

4. Calculate gross income. Add line 2 + line 3.

Debtor 1

Doc 35 Filed 03/04/20 Entered 03/04/20 16:51:08 Main Document AMENDED

Pg 2 of 5 Case number (if known) 19-23113

			For	Debtor 1			btor 2 or ng spouse				
Conv lin	e 4 here=	<b>→</b> 4.	<sub>s</sub> 1	0,416.81		\$	<b>.</b>	i			
	ayroll deductions:	<b>2</b> 7.	Ψ			Ψ					
5a. <b>Tax</b>	c, Medicare, and Social Security deductions	5a.	\$	0.00		\$					
	ndatory contributions for retirement plans	5b.	\$	0.00		\$					
	untary contributions for retirement plans	5c.	\$	0.00		\$					
	quired repayments of retirement fund loans	5d.	\$	0.00		\$					
5e. <b>Ins</b> i	,	5e.	\$	0.00							
5f. <b>Dor</b>	mestic support obligations	5f.	\$	0.00		\$					
5a Uni	ion dues	5g.	\$	0.00		\$					
ŭ	ner deductions. Specify:	5h.	+ \$			+ \$					
on. <b>O</b> th	nor addadations. Opeomy.	011.	 \$								
			\$								
			\$			\$					
a Add the	e payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00		\$					
	ate total monthly take-home pay. Subtract line 6 from line 4.	7.	· -	0,416.81		\$					
7. Oalcula	te total monthly take-nome pay. Outstract line o nom line 4.	٠.	Ψ	·····		<b></b>					
8. List all o	other income regularly received:										
	income from rental property and from operating a business, fession, or farm										
rece	ach a statement for each property and business showing gross eipts, ordinary and necessary business expenses, and the total nthly net income.	8a.	\$	0.00		\$	0.00				
	erest and dividends	8b.	\$	0.00		\$	0.00				
	nily support payments that you, a non-filing spouse, or a depende	ent									
•	ularly receive			0.00			0.00				
	lude alimony, spousal support, child support, maintenance, divorce tlement, and property settlement.	8c.	\$	0.00		\$					
8d. <b>Une</b>	employment compensation	8d.	\$	0.00		\$	853.67				
8e. <b>So</b>	cial Security	8e.	\$	0.00		\$	0.00				
Incl that Nut	ner government assistance that you regularly receive ude cash assistance and the value (if known) of any non-cash assistar t you receive, such as food stamps (benefits under the Supplemental crition Assistance Program) or housing subsidies.	nce 8f.	\$	0.00		\$	0.00				
	nsion or retirement income	8g.	\$	0.00		\$	0.00				
	ner monthly income. Specify:		+ <sub>\$</sub>	0.00		+\$	0.00				
	• • • • • • • • • • • • • • • • • • • •		' \$		1		853.67	7			
9. Add all	<b>other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	0.00		\$	033.07				
	te monthly income. Add line 7 + line 9. entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>1</u>	0,416.81	+	\$	853.67	]=	\$ <u>11</u>	,270.4	8
Include o	I other regular contributions to the expenses that you list in Scherocontributions from an unmarried partner, members of your household, you relatives.			ents, your roo	omm	nates, an	d other				
Do not ir	nclude any amounts already included in lines 2-10 or amounts that are	not a	vailable	to pay expe	nse	s listed ir	n Schedule J.			0.0	^
Specify:							11	+	\$	0.0	<u> </u>
	e amount in the last column of line 10 to the amount in line 11. The at amount on the Summary of Your Assets and Liabilities and Certain S					•	ie. 12		<sub>\$_</sub> 11	,270.4	8
<b>☑</b> No.	expect an increase or decrease within the year after you file this . s. Explain:	form	?						Comb month	ined nly incor	ne
_ 103	o. Explaint.										

19-23113-rdd Doc 35 Filed 03/04/20 Entered 03/04/20 16:51:08 Main Document AMENDED Pg 3 of 5

	. 9			
Fill in this information to identify	your case:			
Debtor 1 Barry Lipstein		Check if this	e ie:	
First Name  Meryl Y. Lipstein  Debtor 2	Middle Name Last Name	An amer	-	
(Spouse, if filing) First Name	Middle Name Last Name	A supple	ement showing post	petition chapter 13
Officed States Barikrupicy Court for the.	Southern District of New York (S		s as of the following	
Case number (If known)		MM / DD	/ YYYY	
Official Form 106J				
Schedule J: You	ır Expenses			12/15
Be as complete and accurate as po information. If more space is neede (if known). Answer every question.				=
Part 1: Describe Your House	sehold			
1. Is this a joint case?				
No. Go to line 2.  Yes. Does Debtor 2 live in a s  No  Yes. Debtor 2 must file	eparate household? e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.		
2. Do you have dependents?	✓No			
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Do not state the dependents' names.				No Yes
3. Do your expenses include	No			Tes
expenses of people other than yourself and your dependents?	Yes			
Part 2: Estimate Your Ongoin	ng Monthly Expenses			
Estimate your expenses as of your expenses as of a date after the ban applicable date.	kruptcy is filed. If this is a supplem	ental <i>Schedule J</i> , check the box	•	•
Include expenses paid for with non such assistance and have included	•		Your expe	enses
4. The rental or home ownership e any rent for the ground or lot.	xpenses for your residence. Include	first mortgage payments and	4. \$	4,500.00
If not included in line 4:				0.00
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or re	enter's insurance		4b. \$	<del></del>
4c. Home maintenance, repair, a	and upkeep expenses		4c. \$	250.00

4d. Homeowner's association or condominium dues

0.00

19-23113-rdd Doc 35 Filed 03/04/20 Entered 03/04/20 16:51:08 Main Document  $^{\mbox{\scriptsize AMENDED}}$  Pg 4 of 5

Debtor 1

 Barry Lipstein
 Case number (# known)
 19-23113

 First Name
 Middle Name
 Last Name

			Your	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	800.00
	6b. Water, sewer, garbage collection	6b.	\$	230.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	625.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	1,400.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	200.00
10.	Personal care products and services	10.	\$	100.00
11.	Medical and dental expenses	11.	\$	250.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	1,000.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	871.65
	15b. Health insurance	15b.	\$	899.48
	15c. Vehicle insurance	15c.	\$	453.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	606.00
	17b. Car payments for Vehicle 2	17b.	\$	628.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income	9.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

## 19-23113-rdd Doc 35 Filed 03/04/20 Entered 03/04/20 16:51:08 Main Document AMENDED Pg 5 of 5

Debtor 1		Barry Lipstein Case number of the				19-23113					
		First Name Middle Name Last Name					,				
21. <b>O</b>	ther. S	pecify:					21.	+\$	0.00		
								+\$			
								+\$			
22. <b>C</b>	alcula	te your mo	nthly expenses.								
22	2a. Add	l lines 4 thro	ugh 21.				22a.	\$	12,813.13		
22	2b. Cop	y line 22 (m	onthly expenses	for Debtor 2), if a	ny, from Official Form 1	06J-2 22c. Add line 22a	22b.	\$			
ar	nd 22b.	The result i	s your monthly ex	cpenses.			22c.	\$	12,813.13		
23. <b>Ca</b>	lculate	your mont	hly net income.								
23a		•	•	nthly income) fro	m <i>Schedule I.</i>		23a.	\$	11,270.48		
23b	. Cop	oy your mon	thly expenses fro	m line 22c above			23b.	-\$	12,813.13		
230		-	• •	from your month	ly income.			\$	-1,542.65		
	The	e result is yo	ur monthly net in	come.			23c.	Ψ			
24. <b>Do</b>	you e	xpect an in	crease or decrea	ase in your expe	nses within the year a	fter you file this form?					
Fo	r exam	ple, do you	expect to finish p	aying for your car	loan within the year or	do you expect your					
mo	ortgage	payment to	increase or decr	ease because of a	a modification to the ter	ms of your mortgage?					
	No.										
<b>/</b>	Yes.	Explain h	nere: Debtor, a	as a 1099 emp	oloyee, will need to	pay quarterly payroll	taxes	<u>-</u>			